

## Reset Form

2008 JAN 22 PM 3: 37

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

### Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

(Including candidate's personal funds)

## Citizens for Carlin

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/01/07	ID# CK#	Scott Sneller 4900 Singing Hills Blvd. Sioux City, IA 51106		\$200	<input type="checkbox"/>
9/10/07	ID# 9759 CK# 1005	PeaceMakers Political Action 2312 Nebraska St. Sioux City, IA 51104		1000	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1200	
TOTAL (if last page of this schedule)				\$ 1200	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Carlin

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/25/2007	ID# CK#	Creative Media Solutions 313 30th Street Sioux City, IA 51104	Art work for yard signs, post cards, etc.	\$ 770.00
10/29/2007	ID# CK#	Safeguard P.O. Box 5456 Sioux City, IA 51102	Printing post cards, yard signs, etc.	881.91
12/06/2007	ID# CK#	Security National Bank 601 Pierce Street Sioux City, IA 51101	Check photocopy	1.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1652.91
TOTAL (if last page of this schedule)				\$ 1652.91

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Carlin

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

<b>SCHEDULE</b> <b>D</b> (Rev. 08/98)	<b>INCURRED</b> <b>INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX</b> <b>IF AMENDING</b> <b>FORM</b>	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD**  
**(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/6/07	Mail House 1805 4th St. Sioux City, IA 51101	Mailing post cards, brochures	\$ 231.60
10/6/07	Safeguard P.O. Box 5456 Sioux City, IA 51102	Printing post cards, yard signs, etc.	267.75
SUB-TOTAL			\$ 499.35
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 499.35

\*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Carlin

Reset Form

**SCHEDULE  
E**  
(Rev. 06/97)

**IN-KIND  
CONTRIBUTIONS**

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/06/07	Jim Carlin 3108 S. Lakeport Sioux City, IA 51106	Self	Safeguard: Printing yard signs, post cards	\$ 903.57	<input type="checkbox"/>
9/06/07	Jim Carlin 3108 S. Lakeport Sioux City, IA 51106	Self	Mail House: Mailing post cards	863.49	<input type="checkbox"/>
9/06/07	Jim Carlin 3108 S. Lakeport Sioux City, IA 51106	Self	Mail House: Mailing post cards	547.27	<input type="checkbox"/>
9/14/07	Jim Carlin 3108 S. Lakeport Sioux City, IA 51106	Self	KSCJ: Radio ads	156.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2,470.33	
TOTAL (If last page of this schedule)				\$ 2,470.33	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)